



ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1 COMMERCE WAY, SUITE104
LITTLE ROCK, AR 72202
PHONE: 501-371-2750
FAX: 501-683-2604

ASSUMED BUSINESS NAME FILING FORM

INSTRUCTIONS:

Ark. Code Ann. § 23-64-510 requires an insurance producer doing business under any name other than the producer's legal name to notify the Insurance Commissioner prior to using the assumed name. An assumed name is any name under which you do business, but which name is not licensed by the Arkansas Insurance Department. Filing of an assumed name does not allow commissions to be paid to that assumed name -- commissions can only be paid to an individual or business entity that is licensed with the Commissioner.

To file the assumed name you must complete the following form and send it to the address listed above. If you are using multiple assumed names, a form must be completed for each assumed name. There is no fee to file an assumed name. This form must be completed in full.

1. Legal Name of Licensee: _____

2. License Number: _____

3. Social Security or Tax ID Number: _____

4. Mailing Address of Licensee

P.O. Box or Street Number City State Zip

5. Assumed Name Being Used: _____

6. If assumed name is being used at a location other than the above mailing address, give the address of that location.

P.O. Box or Street Number City State Zip

I declare that all information in this statement is true and correct.

Signature

Typed or Printed Name

Date Signed

Department Use Only:
Date Received by Department _____ Date Keyed _____